

CLAIM AMENDMENT CALCULATION						
Total Claims	Claims Remaining after Amendment	Minus	Highest Number Previously paid for	No. of extra claims present	Rate	Additional Fee
Total Claims		-0	14	0	x \$52.00	\$0.00
Indep. Claims		-0	5	0	x \$220.00	\$0.00
Multiple Dependent claims(if any)					x \$390.00	\$0.00
Reduction for Small Entity (50%)						\$0.00
TOTAL FEE						

- ☒ No additional fee is required.
- ☐ A check in amount of \$ ____ is attached.
- ☐ Charge \$ _____ to Deposit Account No. 23-1665. An additional copy of this transmittal letter is enclosed.
- ☒ **Please charge any additional fees or credit overpayment to Deposit Account No. 23-1665.**
- ☒ A Petition and Fee for Extension of Time is enclosed.
- ☒ The following additional items are enclosed:
- Return Receipt Postcard;
Response to Restriction Requirement.

Respectfully submitted,

DAVID GAUDOUT ET AL.

Date: 04 MAR 2009

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